



E-News

April 2006

Volume 1, Number 2

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NHSN Links

NHSN Website

NHSN Patient Safety Protocols

DHQP Website

Contact Us

NHSN@cdc.gov

NHSN Users Meeting - APIC Annual Conference in Tampa

NHSN will host a Users Meeting at the APIC Annual Conference in Tampa. The meeting will be held on Wednesday, June 14 at 5:00 pm. We'll give you information about the location and the agenda in the next E-News.

Scheduled Web Conferences:

(Please remember to connect by phone and by computer 15-20 minutes before the scheduled beginning of the web conference.)

"NHSN Analysis"

Presenter: Jonathan Edwards

Date: Thursday, May 11, 2006

Time: 2-4 pm EST

During this session, several common output types will be reviewed. You will have some opportunity to ask questions about specific output that you are interested in.

Audio contact information: The Leader name and the passcode are both required to join the call.

Leader: Mary Andrus

Toll Free Phone: 1-888-677-1796

Passcode: 9755782

Internet connection information:

URL: <https://www.mymeetings.com/nc/join/>

CONFERENCE NUMBER: PG8255770

AUDIENCE PASSCODE: 9755782

You can join the event directly at:

<https://www.mymeetings.com/nc/join.php?i=PG8255770&p=9755782&t=c>

"Bringing Sister Facilities into NHSN"

Presenter: Mary Andrus

Date: Thursday, May 18, 2006

Time: 2-4 pm EST

During this session we will give you the information you will need to facilitate the training and enrollment of your "sister" facilities. This training is not for the sister facility (although they are welcomed to join), but for you - you will be responsible for helping your sister facility to complete the necessary steps for training and enrollment.

Important: We need to know how many will be joining us on the conference call so we can schedule it. Please send an email to Mary Andrus at mandrus@cdc.gov with your name if you plan to attend.

Audio contact information: The Leader name and the passcode are both required to join the call.

Leader: Mary Andrus

Toll Free Phone: 1-888-677-1796

Passcode: 8897295

Internet connection information:

URL: <https://www.mymeetings.com/nc/join/>

CONFERENCE NUMBER: PH8178611

AUDIENCE PASSCODE: 8897295

You can join the event directly at:

<https://www.mymeetings.com/nc/join.php?i=PH8178611&p=8897295&t=c>

Output Options - Getting the "juice from the squeeze"

Generating Datasets

This is the first step whenever you want to get output from NHSN.

- From the Navigation Bar, under Analysis, select **Generate Datasets**.
- When the screen refreshes, select **Generate New**.
- When the pop-up asks "Are you sure you want to continue?" select **Yes**.
- The screen will ask you to wait while datasets are generated. This process may take 3-4 minutes.



- After you've completed this step, proceed to **Output Options** on the Navigation Bar under "Analysis".

Output Format

You may want to try changing your **Output Format** (in the Modify screen) to **Rich Text Format (RTF)**. The result will be a Microsoft Word table that you can modify to meet your needs (e.g., change justification or change a column heading). If you don't like the way it looks, you can always change back to the HTML or use one of the other format types. Play around with it and see which Output Format works best for you!

NHSN Statistics - as of April 13, 2006

Facilities enrolled and submitting data to NHSN	229
Monthly Reporting Plans	1,927
Patients entered	48,947
Summary Data Records	2,549
Events entered	54,518
Bloodstream Infection (BSI)	2,233
Pneumonia (PNEU)	1,479
Surgical Site Infections (SSI)	2,024
Urinary Tract Infection (UTI)	1,758
Dialysis Incidents (DI)	1,712
Procedures	44,129
Output (Tables, Graphs, etc.) generated	6,023

Email Inquiries

When sending an e-mail to NHSN, please include your 5-digit facility ID number. This will allow us to save time in researching a facility specific question/issue. The facility ID number is displayed at the top of the NHSN Home Page and looks like this:

Logged into DHQP Memorial Hospital (ID 10000) as JPS

Important Clarifications about Central Lines

It has come to our attention that there is some confusion about which devices should and should not be included in NHSN central line data and when to associate the use of a central line with a BSI. Therefore, we want to (1) repeat the definitions of central line, permanent lines and temporary lines, and Specialty Care Areas (SCA); (2) define the term "infusion"; and (3) indicate what to do with permanent central lines in patients residing and not residing in SCA. The goal of these clarifications is to assure consistency when NHSN ICPs identify central lines, count central line days, and determine which BSIs are associated with the use of a central line. We've highlighted the changes below in yellow.

Definitions

Central line: An **intravascular catheter** that terminates at or close to the heart or in one of the great vessels which is **used for infusion, withdrawal of blood, or hemodynamic monitoring**. The following are considered great vessels for the purpose of reporting central line-associated infections and counting central line days in the NHSN:

- aorta
- pulmonary artery
- superior vena cava
- inferior vena cava
- brachiocephalic veins
- internal jugular veins
- subclavian veins
- external iliac veins
- common femoral veins

NOTE: An introducer is considered an intravascular catheter.

NOTE: In neonates, the umbilical artery/vein is considered a great vessel.

NOTE: Neither the insertion site nor the type of device may be used to determine if a line qualifies as a central line. The device must terminate in one of these vessels or at or close to the heart to qualify it as a central line.

NOTE: Pacemaker wires and **other non-lumened** devices inserted into central blood vessels or the heart are **not** considered central lines, **because fluids are not infused, pushed, nor withdrawn through such devices.**

Infusion: The introduction of a solution through a blood vessel via a catheter lumen. This may include continuous infusions such as nutritional fluids or medications, or it may include intermittent infusions such as flushes or IV antimicrobial administration, or blood, in the case of transfusion or hemodialysis.

Permanent line: Includes:

- Tunneled catheters, including certain dialysis catheters
- Implantable catheters (including Ports)

Temporary line: Non-tunneled catheter

Specialty Care Area (SCA) - Inpatient dialysis units, hematology/oncology wards, solid organ transplant units, bone marrow transplant units, and long term acute care areas

Determination of temporary central line days in any type of patient care area

At the same time each day, count the number of **patients** with one or more temporary central lines, and at the end of the month, sum these counts for use as a denominator. If a patient has more than one temporary central line on a given day, this is counted only as one central line day. **If a patient has both a temporary and a permanent central line on the same day, the day is counted as one temporary**

central line day.

Examples

A patient who is housed in a medical ICU has a peripherally-inserted central venous catheter (PICC) and a Swan Ganz catheter which has a constant infusion or “interflow” device in the connecting pressure line. Even though there are two central lines in place, only one central line-day is included for this patient in the daily central line count. If a BSI occurs in this patient, it should be associated with the use of a central line. The appropriate response in the Central Line field is “Yes”.

A patient who is housed in a medical ICU has only a Swan Ganz catheter that is routinely flushed to keep it from clotting; no other infusions or withdrawals are done through the line. Include this patient in the daily central line count. If a BSI occurs in this patient, it should be associated with the use of a central line. The appropriate response in the Central Line field is “Yes”.

A patient who is housed in a medical coronary care ICU has a temporary pacemaker wire and a peripheral vascular access line. Even though there are two lines in place, and one of them terminates in a central vessel/heart, neither are considered central lines. Therefore, do not include this patient in the daily central line count. If a BSI occurs in this patient, it should be not associated with the use of a central line. The appropriate response in the Central Line field is “No”.

Determination of permanent central line days in SCA and non-SCA patient care areas


If a patient has **only** a permanent central line, include it in the daily permanent central line-day count beginning on the day of first access and continuing through the entire stay. If a patient has both a permanent and a temporary central line on the same day, the day is counted as one temporary central line day.

Examples

A patient who is housed on a surgical ICU has only a permanent port-a-cath that is flushed on day 2 of a 4-day stay, but otherwise was not accessed. Include this patient in the central line-day count for the ICU, beginning on day 2 and count every day for the remainder of the ICU stay. If a BSI occurs in this patient, count it as being associated with the use of a central line. The appropriate response in the Central Line field would be “Yes”.

A patient who is housed on an inpatient dialysis unit (i.e., an SCA) has only a permanent dialysis catheter that is used for dialysis routinely during the stay. Include this patient in the permanent central line-day count every day of his stay, regardless of whether the device is accessed daily. The appropriate response to the Temporary Central Line field is “No” and the response to the Permanent Central Line field is “Yes”. If a BSI occurs in this patient, it should be associated with the use of a permanent central line.

A patient who is housed on a medical ward has only a permanent



dialysis catheter that is flushed or used for infusion or dialysis 3 times over the course of a 7-day stay, beginning on day 2 of the stay. Include this patient in the central line-day count for the ward beginning on day 2 and every day for the remainder of the stay. If a BSI occurs in this patient, count it as being associated with the use of a central line. The appropriate response in the Central Line field would be "Yes".

Impact

We recognize that these clarifications may impact on the way some of you have captured the data in the past. Hopefully for most of you, the changes will not affect your rates much, because permanent central lines are not as frequently used as other types.

Beginning in the month of **May 2006**, please be sure that these clarifications are implemented.